

Indiana Department of Insurance
Filing Company Transmittal Document
Discount Medical Program Organization Standards
(Checklist must be submitted with filing)

Company Name _____ Filing Date _____

Domicile: _____

Filing Type: _____
 (Marketing Materials, Advertisements, Brochures, or other literature to be used)

Form number(s) _____

Statute/Regulation	Requirement	N/A	Location in submitted documents	For IDOI USE ONLY Yes/No/Comments
General Filing Requirements				
	A filing fee of \$35			
	A cover letter in duplicate and one copy of all forms to be filed. The cover letter should include:			
	a) A reference "Re:" line with the insurance company's name and the form number of each form to be filed.			
	b) The name of a contact person, with telephone and fax numbers. Please include an e-mail address so that we may correspond with you by e-mail. On all correspondence, please include Company Name and form number. Any submission of additional forms or materials should include a separate response letter, in duplicate, for each filing being addressed.			
	A postage-paid, self-addressed envelope of adequate size to hold the "approved" or "filed" stamped duplicate correspondence and any extra copies of forms that you wish to have returned. (There is no need to send more than one copy of the forms.)			
	All marketing materials, advertisements, brochures, discount cards or other literature to be presented to prospective cardholders may NOT include use of the following terms:			
IC 27-17-4 IC 27-17-5	Insurance: except as a disclaimer of a relationship between the DPMO card benefits and insurance, or as needed for the description of an insurance product connected to the DMPO card. Health Plan Coverage Co-pay Co-payment Pre-existing Condition Guarantee issue Portability Premium Underwriting Or any term that could reasonably mislead a person to believe that the DMPO card benefits are health insurance.			
Required Disclosures	All Marketing Materials, Advertisements and brochures or other literature to be presented to prospective cardholders must contain on the first page the following disclosures, which must be presented in at least 12 point font type:			
IC 27-17-5-1(a)(1)	The DMPO card is not health insurance			

IC 27-17-5-1(a)(2)	The DMPO card provides discounts for medical services rendered only by program providers.			
IC 27-17-5-1(a)(3)	The DMPO does not make payments directly to providers			
IC 27-17-5-1(a)(4)	The DMPO does make available a list of all program providers which includes their name, city & state, and all medical specialty prior to purchase, upon request.			
IC 27-17-5-1(a)(5)	That the cardholder is obligated to pay for all medical services other than the discount afforded by the DMPO card.			
IC 27-17-5-1(a)(6)	The name of the DMPO, its business address, and its toll-free customer service telephone number.			
IC 27-17-5-2(b)(1)	Specify the cardholders benefits under the discount medical program			
IC 27-17-5-2(b)(2)	Specify excluded medical services			
IC 27-17-5-2(b)(3)	Specify that the DMPO will continuously make available to the cardholder, through a toll free telephone number, the Internet or in writing upon request:			
	(A) Name (B) Address (C) Telephone number (D) Specialty Of each program provider in the cardholders service area.			
OTHER PROVISIONS				
IC 27-17-8-1(a)(1)	The agreement may be canceled for any reason by the cardholder within thirty (30) days after the date the cardholders ID card is delivered OR a period that exceeds the period specified, as provided in the written agreement.			
IC 27-17-8-1(b)	Cardholder that cancels written agreement shall receive a full refund of all fees paid by the cardholder, less nominal fees associated with the enrollment cost of the ID card.			
	All marketing materials, advertisements, brochures, discount cards or other literature to be presented to prospective cardholders may not contain restrictions on access to program providers including waiting periods and notification periods.			
IC 27-17-4-1(B)(5)	All marketing materials, advertisements, brochures, discount cards and other literature to be presented to prospective cardholders may not include misleading, deceptive, or fraudulent representations regarding the discount, range of discounts, or access to the range of discounts offered by the DMPO.			
	All cardholder identification cards or other materials used to identify an individual as a cardholder must include, in boldface 8 point font type, the statement "This is not insurance".			